PERMANENT UNFADING INK-THIS IS PLAINLY, WITH

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement stated EXACTLY. se carefully supplied. AGE should be so that it may be properly classified. See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, s Important.

Count

1 PLACE OF DEATH	5268
y. Latto 1	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

		4				325	_	rd	٨
۰	3	L.	 	 	00	 w	а	ГО	

[it death occurred in

VII		St.; Ward) St.; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ex 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH , 191
	ATE OF BIRTH 137 , 1863 (Month) (Day (Year)	that I last saw him allve on Opl 22, 1913,
7 A	GE It LESS than 1 day,	and that death occurred on the date stated above, at
(a pa (b) bus wh	CCUPATION) Trade, profession, or ricular kind of work. O General nature of industry, siness, or establishment in ich empioyed (or employer) IRTHPLACE (State or country) RETHPLACE (State or country)	Confele also fully volves And (Duration) Styrs. mos. ds. Contributory Stearth from Secondary
ARENTS	10 NAME OF FATHER Andrew Colamo 11 BIRTHPLACE OF FATHER (State or country) Color Co Michael Color Col	(Signed)
14 7	of Mother Caroline Slevens 13 BIRTHPLACE OF MOTHER (State or country) Pallod CO MAC THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Character Columns.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al piace In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
15	abril 29 3 Pipe Malon	Belie Tid afin 29, 1913.

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. v?

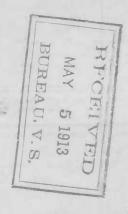
N.B.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. maferial worked on may form part of the second Gradery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmor (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Heart fallure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," death), 29 ds.; "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

county Jallot 5269	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 290
Village or City Easton Inch (No. 1)	St; Ward) [It death occorred a hospital or institute give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, MIDOWED, MIDOWED, WIDOWED, WILLOWS (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 [HEREBY CERTIFY, That attended deceased from
GDATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Telev. 26, 1913, to april 8, 1913 that I last saw here alive on april 8, 1915
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date atated above, at ILAS D m The CAUSE OF BEATH* was as follows: Passalle and a Africa Africa
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Oalvier OF FATHER 11 BIRTHPLACE (State or country) Constitute OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	Contributory (Secondary) (Secondary) (Secondary) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address
13 BIRTHPLACE OF MOTHER (State or perjutry) Counting Co	OR RECENT RESIDENTA) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Essleri Med Filed apr. 2/, 1913 1, 13. Fairbank	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL 10 PLACE OF BURIAL
If more blanks are needed, address State Registration	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indigainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid preumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

such, if impossible to determine definitely. cblidbirth or miscarriage, as "Puerperal septichae-mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencia scipsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for malk; oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary (name origin; "Canor intercurrent) Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly elassified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

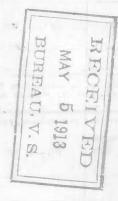
	1 PLACE OF DEATH	STATE OF MARYLA	ND
C	county Labor 5270	CERTIFICATE OF D	
	1	Registered No.	290
,	'illage or City for suro (No	c b	[it death occorred in hospital or institution we its NAME loster is treet and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	н
3 5	Terrale Black Single, Widowed, Windowed, (Wrife the word)		2/ , 191.3. (Year)
6 (OATE OF BIRTH (Month) (Day) (Tear)	7, 191 , to	
7 A	GE If LESS than 1 day,hrs. ORmia.?	and that death occurred on the date stated above, a The CAUSE OF DEATH* was as follows:	199m
(a pa (b)	CCUPATION) Trade, profession, or ricular kind of work General nature of industry,	de justifion birth ha	illy
wh	siness, or establishment in Celich employed (or employer)	(Duralion)yrs	mos
9 B	IRTHPLACE Itate or country) Fallot, correctly	Contributory(Secondary)	
	10 NAME OF John Barley	(Signed) E. R. Puppe	mos. ds.
17.5	11 BIRTHPLACE OF FATHER (State or country)	, 191 (Address)	=======================================
PARENTS	(State or country) 12 MAIDEN NAME OF MOTHER	*State the Dismass Causing Death, or, in deaths Causes, state (1) Means of Injury; and (2) wh tal. Suicidal, or Homicidal.	from VIOLENT ether Acciden-
a .	13 BIRTHPLACE OF MOTHER (State or country) July Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION BECENT RESIDENTS) At place In the of death yrs,	
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?	
	(Informant) Ins Haltie Bailey	Former or usual residence	**************************************
15	(Address) Jby Cowa	19 POACE OF BURIAL OR REMOVAL DATE O	F BURIAL
FI	ed april 23, 1913 J. B. Fairbank	20 UNBERTAKER ADDRES	3.5 ,1913
	If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Asquesting V. S. No. 1.	10 to 1 Kg

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations gainfully employed, as At school or At home. scation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Frecise statement of occupa-Women at home, who are engaged in the As examples: For persons (g)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to tilme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid preumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy, affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as "Ileart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never repor The contributory (secondary or intercurrent) Always qualify all diseases resulting from State cause for Examples: For VIO 68.



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PLACE OF DEATH	STATE OF MARYLAND
county Salbot 5271	CERTIFICATE OF DEATH
0	Registered No. 29
Village or City Coston (No. 5)	Style Road St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemel Colored (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Underson, 1857	, 191 , to Merel , 191 ,
Month (Day (Year)	and that death occurred on the date stated above, at 5 Pm. The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment to	Diopera Dead 1 (Duration) yrs mos ús
which employed (or employer) BERTHPLACE (State or country) Sallot	Contributory (Secondary) (Duration) yrs mos ds.
OF TATHER ALL CONTROL OF STATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) AMISAS, M.D. CERTICO, 1913. (Address) Easter MA *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs
(Informant) Sulli Byron	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Coston And Filed April 13", 1913 J. B. Fairtanh Loe av REGISTRAR	19 place of Burial or REMOVAL DATE OF BURIAL Accused More Address Lessey Caston, Mr.
.If more blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinoses

such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mall: oma. Sarcoma. etc., of The contributory Aiways qualify ail diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 IS FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH

S. No. 1.

Δ.

	7 11 1 3272	STATE OF MARYLAND
do	ounty albert	CERTIFICATE OF DEATH
I	60-4	Registration Dist. No. 294
kii	liage or City Plantone (No.	St.; Ward) [If death occurred in a hospital or institution,
	FULL NAME Oliver B	Brown give Its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	EX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
a	WIDOWED, ORDIVORCED	(Month) (Day (Year)
6 0	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	hely 18 .an	,, 191, to, 191,
	(Month) (Day (Year)	that I last saw halive on
7 A	11 ==== 1000	and that death occurred on the date stated above, at
	/ 0 yrs 9 mos 3 ds OR min.?	The CAUSE OF DEATH* was as follows: This is a Certain that
80	CCUPATION	I attend they member of this famillat
(a) Trade, profession, or rticular kind of work	types that I have name attended this
	General nature of industry,	boy but that according to the feat
bus	siness, or establishment in characteristics amplicated for employer amplication of the state of	information obtainable, death was
	IBTHPLACE	Contributory du to natural Busin
	(State or country) To a hour Tellaster	Secondary & . A city of Track
	10 NAME OF	decessed his own (Duration) yrs mos ds.
	FATHER GENCE Brown	(Signed) & Trus H. Heth M. B.
TS	11 BIRTHPLACE OF FATHER	april 24, 1913 (Address) In Famel Sud,
Z	(State or country) / Sally Called Co	
ARENTS	12 MAIDEN NAME OF MOTHER 7	U*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Δ.	Love homer	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the
14 -	E CONTRACTOR YOU	of death yrs mos ds. State yrs mos ds Where was disease contracted,
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
	(Informant) and plane	Former or usual residence
	(Address) hac samel nd	19 PLACE OF BURJAL OR REMOVAL DATE OF BINDIAL
15		Clarburge april 18 1913
File	ed april 24, 191 3	20 UNDERTATER APPORTED
n	Vant & Low beforey Local REGISTRAR	Oly orrange appropriate
	/) 70	THE PUCTION

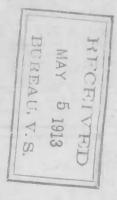
If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of tungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping eough; Chronie cer" is iess definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronehopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



C	PLACE OF DEATH DUNTY Jalbat	5273	STATE OF MA
V	illage or City Lucen (anne Tous.	Register St; Ward
	FULL NAME Ba	ly C.C. C.	arroll
	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE O
3 SE	emole White	5 SINGLE, TRANSIED, WISCHES, ORDIVORCES (Write the word)	16 DATE OF DEATH Afril (Month)
6 D	ATE OF BIRTH	il 22, 1915	17 HEREBY CERTIFY, That 4 - 2 - 2 191 3 to 4 -
7 AC	(Month)	(Day) (Year) It LESS than 1 day, 1/2 irs.	and that death occurred on the date stated The CAUSE OF DEATH * was as follows:
(a) par (b)	CCUPATION Trade, profession, or ticular kind of work General nature of industry, ness, or establishment in	ds. ORmin.?	before the grape
_	RTHPLACE ate or country)	Eme Jus.	Contributory (Secondary)
S	10 NAME OF Clorence	e C. Corrale	(Signed) Attacket
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	di bi	*State the DISEASE CAUSING DEATH, OR, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OR HOMICIDAL.
۵	13 BIRTHPLACE OF MOTHER (State or country)	more sorly	18 LENGTH OF RESIDENCE (FOR HOSPITALS. OR RECENT RESIDENTS) At place In the of death yrs mos ds. State
	Interment) blazence for	bornal,	Where was disease contracted, it not at place of death? Former or usual residence.
15	(Address) Julea am	Lander.	19 PLACE OF BOM AL COLONIAL CO
File	Per RIEX	REGISTRAR d. address State Registrar, 6	E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 293

St; Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDI	CAL CERTIFICATE	OF DEATH	
16 DATE OF DEATH	april	2 Z	, 191 3
17 1 HER	EBY CERTIFY, Th		
4-22			
that I last saw h_A-	alive on 4	- 2 3 _	1913
ind that death occurr	ed on the date sta	ted above, at	1 P.
The CAUSE OF DEAT		5:	,
	4 Three	or four	
······································	(Duration)	yrs	.mosds
Contributory(Secondary)	MONONOOOO	******************************	• • • • • • • • • • • • • • • • • • • •
(Signed)	Hacke	TY?	, M. D
4 7 2 , 1913	(Address) Zu	een as	me 9
*State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, or H	CAUSING DEATH, IEANS OF INJURY; OMICIDAL.	or, in deaths frand (2) wheth	om VIOLENT er Acciden-
18 LENGTH OF RESID	ENCE (FOR HOSPITA	LE. INSTITUTIONS	, TRANSIENTS
At place of death yrs r	in the		man de
Where was disease contract it not at place of death?	ed,	e yrs	. 11105, 08
Former or usual residence	********************************	***************************************	****************
usual Icsiuciica			
	Blaton	DATE OF	
	Brown	ADDRESS	BURIAL 24, 191 3

[Approved by U. S. Census and American Public Health Association.]

. (a) Spipner, (b) Cotton mill; (a) Salesman, , material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar preumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosciasis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichae. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of __ ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or Intercurrent) Always quailty all diseases resuiting from "Senlle," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 ds.; "Exhaustion," Examples: For vio-



N. B.-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT d 15 UNFADING INK-THIS See instructions on back of certificate. WRITE PLAINLY, WITH Important.

5274

PLACE OF DEATH

County.....



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist No.

Village or City an Mashew (No.	St.; Ward) [If death occurred to a hospital or Institution
FULL NAME John Hesley	Collins of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule A Suite Single, Married, Widowed, Widowed, With the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended decessed from
6 DATE OF BIRTH (Month) (Day) (Year)	april 20, 1913, to april 20, 1913, that I last saw h see alive on april 20, 1913
TAGE Age Age If LESS than t day, hrs. mos. ds. OR omin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular klod of work (b) General nature of Industry, business, or establishment in	(Duration) yrs mos ds
which employed (or employer) BERTHPLACE (State or country) M. J.	Contributory (Secondary) (Deration) yrs mes de
on 11 BIRTHPLACE OF FOR FOR FOR COUNTRY) ON (State or Country) On 10 NAME OF FOR COUNTRY) ON 11 BIRTHPLACE OF FOR FOR COUNTRY) ON 12 BIRTHPLACE OF FOR FOR COUNTRY)	(Signed) P. Fisher, M. D. Cyfull 20, 1913. (Address) Sentins My
(State or country) Md 12 MAIDEN NAME OF MOTHER Metty, Washer	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) M	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of death yrs mos ds.
(Informant) Lev Thomas College	Where was diseasa contracted, if not at place of death? Former or a usual residence
(Address) Eustin In 11	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 22, 1913.
Filed Opril 2, 1913 J. B. Fair ank Gozal REGISTRAR	20 UNDERTAKER EL Chustoflur Deutono
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. cated thus: Farmer (retired 6 yrs.). Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowid mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (disease causing "Dropsy," (name origin; "Candeath), 29 ds.; "Exhaustion,"



BINDING FOR RESERVED MARGIN

WRITE PLAINLY, WITH

W. S. No.

PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT AGE should be stated EXACTLY. of information should be carefully supplied. AGE should be s DEATH in plain terms, so that it may be properly classified. UNFADING INK-THIS See instructions on back of certificate. item of information should be CAUSE OF Important. S N.B.

(Address).

15

PLACE OF DEATH 5275	STATE OF MARYLAND CERTIFICATE OF DEATH
Mean Chapte	Registration Dist. No. 344 St.; Ward) St.; Ward) Forum Porty If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw halive on
⁷ AGE If LESS than	and that death occurred on the date stated above, at
	The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, er particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Outle bow (4/s heribs) (Ouration) yrs mos ds.
BIRTHPLACE (State or country) Talki Go Sud -	(Secondary)
11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF FATHER Vallot 60 Sud 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER OF Salton 60 Sud	(Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

OR REMOVAL

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman."

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia. scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig "Contributory." oma. Surcoma, etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples: FOI VIO-



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	CORD	YSICIANS
	8	H o
No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
3	N	be
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certificate.

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See instructions on

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Very

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2 IIf death occurred in St:Ward) a hospital or Instilution, give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. Write the word I HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH 191 . to (Month) (Dav) (Xear) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment In which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER (Signed), 191.3. (Address)... 11 SIRTHPLACE ARENT OF FATHER
(State or country) *Stare the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence DATE OF BURIAL 15 If more blanks are needed, address State Registrar, 8 E. Franklin St., Balto., Requesting V. S No. 1.

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. unaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the disease causing death—In all each of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carçin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Convulsions," "Debility" ("Con-(name origin; "Can death), 29 "Exhaustion," Examples: For vio-



N. B.—Every item of information should be carefully hypplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it hay be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

PLACE OF DEATH	STATE OF MARYLAND
Jallat 5277 100	CERTIFICATE OF DEATH
County Salvar	Registered No.290
Village or City Rear Cordana -	Mard St; Ward) [If deeth occurred in
PILL NAME Ira M Dan	e hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male And Single, Married, Widoweb, Married, Widoweb, Married, Widoweb, Married, expironcep (Write the word)	16 DATE OF DEATH Apr 12 (Month) (Day) , 1913.
GDATE OF BIRTH Mach 15 1869	17 I HEREBY CERTIFY, That I attends descessed from 1906, to 2007, 191.3,
(Month) (Day) (Year)	that I last aaw h alive on 1913
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, atm.
44 yrs. 28 mos. 28 ds. OR min/?	The CAUSE OF DEATH'S was as follows:
(a) Trade, profession, or far annual of Carles for	and this by blocker of wellow
(b) General neture of industry,	while loss operated as I yes
business, or establishment in which employed (or employer) — Darne	(Duration) yrs. mos. cs.
(State or country Caroline lo	(Secondary) Her frage to the first t
10 NAME OF Robert Lawson	(Signed) Le. Mr. Stelle , M. D.
State or country) Markets	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME Harvett Trice	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country) Caroline 60	At place in the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not of place of death?
(Informant) Lydee & Dawson	Former or .
(Address) Landova IMA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Ofres / 3 , 1913 J-13 Fair banks	Coaston Md 4/14 , 1813
LOCAL REGISTRAR	Espes a Spence Caston Med
. If more blanks are needed, address State Kegistra	r, 6 E. Franklin St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. Statement of occupation-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the -Precise statement of occupa-As examples: (3)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosts of lungs, meninges, peritonaeum, etc.. Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencla. scpsis, tetanus) may be stated under the head of injury, as fracture of skull and consequences (e. g.: by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrpural septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallyture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report The contributory Aiways qualify all diseases resuiting from (Recommendations on statement of (secondary: or intercurrent) (name origin; "Can State cause for Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in picin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

county Talbot 5278	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2.90
Village or City Coston (No. 2) *FULL NAME James Lee Eou	St; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, winds, with the word)	16 DATE OF DEATH 3 , 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
7 AGE 1 G/O (Year) 7 AGE 1 G (Mooth) (Day) (Year) 1 day, hrs. 1 day, hrs.	that I last saw h alive on A 3 1913 and that death occurred on the date stated above, st
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos 3 cs. Contributory Septim 4 years (Secondary) Cestificia (Doration) yrs mos 3 ds
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Tall to CO	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Denton Ud. 16 Filed Phril 4, 1913 OB Fairbank Local REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS LINES A BRUSE Sopher 24
If more blanks are needed, address State Registrate	, 6 E. Franklin St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fublic Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illgainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (%)

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc., Carcinological desired acceptance of the death of

childbirth or miscarriage. as "Purrereal septichaethenia," "Anaemia" (mereiy symptomatic), "Atrophy," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convuisions," "Dehility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally-"Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. ture of the American Medicai Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for



	1 PLACE OF DEATH	STATE OF MARYLAND
Ge	Jalboh 5279	CERTIFICATE OF DEATH
	- n	Registered No.
V	Illage or City Sherwood (No. 4)	St; Ward) [If death occur a hospital or Inst give its NAME i of street and num
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Le avece	16 DATE OF DEATH 27, 191 (Month) (Day) (Yes
6 D	ATE OF BIRTH 76. 204, 1853 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased Jan. 28, 1913, to 27, 19 that I last saw here alive on Alphail 22 22, 19
7 AC		and that death occurred on the date stated above, at night The CAUSE OF DEATH * was as follows:
(a) par (b) busi whi	Trade, profession, or Say Labores Tricular kind of work. General nature of industry, Iness, or establishment in Ich employed (or employer) Translation Transl	(Duration) Tyrs, 3 mos.
(S	Sherwood	(Secondary) (Ouration)yrsmos
	10 NAME OF Trelenouse	(Signed) . Menned Polloan
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCID
PAR	of MOTHER Manale Trenery	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos
	(Informant) Antonette Green (daughly	Where was disease contracted, If not at place of death? Former or usual residence
	(Address) Olierwood nid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	al na Malander	20 UNDERTAKER APDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercuboiss of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of ... The contributory Aiways qualify ail diseases resuiting from "Sculle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



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VI lage or City Near leadon (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 293 [It death occurred in
40	St.; Ward) a hospital or Institution give lis NAME losteat of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored (Wite the word)	16 DATE OF DEATH Office 12 17, 1917 (Month) (Day) (Year)
B DATE OF BIRTH March /2, 1909 (Month) (Day) (Year)	17 Daw the body pleing with Magistral 191
7 AGE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9. 6 m. The CAUSE OF DEATH* was as follows: The below The by lubra - the Childy mother dich a
(a) Trade, profession, or particular kind of work. (b) Generat nature of Industry, business, or establishment in which employed (or employer)	Awthen him dies within 3 yrs of lubricals, and a couring thicks, talker dies of pance discours in the pance heat (Doration) yrs mos ds.
9 BIRTHPLACE (State or country) Tallot, Ro Ind. 10 NAME OF FATHER John Flame 11 BIRTHPLACE OF FATHER (State or country) Tallot-les Sul	(Signed) (Duritor) (Secondary) (Signed) (Signed) (Signed) (Duritor) (Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, John. Hamm.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it out at place of death? Former or esual residence.
(Address) Cordona, Md. 15 Filed 5-3 - 1913. L. L. Landner REGISTRAR 11 more blanks are needed, address State Registra	19 place of Burial or REMOVAL DATE OF BIRIAL At Paul Burying ground 4/14, 1913 20 UNDERTAKER ADDRESS Lordon Md. 17, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ninc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or indust; and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as mia," "PUEEPERAL peritonitis," etc. childbirth or miscarriage, as "Purpresal scottehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchonneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of -fi art failure," "Haemorrhage," "Inanition," "Marcs. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



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1 PLACE OF DEATH	STATE OF MARYLAND
County Tallet 5281	CERTIFICATE OF DEATH
County Control	Registered No.221
Village or City Recer Consolore	St; Ward) [It death occurred a hospital or institution give its NAME loster of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale While (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I sttended deceased from
Sept 24, 1912 Month) (Day) (Year)	that I last saw him ally on morth 3/2 1913
TAGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at S m The CAUSE OF BEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Peirthplace (State or country)	Contributory Offnmation yrs mos.// cs. (Secondary)
11 BIRTHPLACE OF FATHER (State or country) Lalbot Co	(Signed) And (Ouration) yrs mos of Mos. (Signed) And (Si
13 BIRTHPLACE OF MOTHER (State or country) Ballium Co 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) MS & Conductor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds. Where was discase contracted, if not at place of death? Former or usual residence.
(Address) Easton Sed Filed April 3, 1913 J. B. Fairbank REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Caston Med 4/3, 1913 29 UN DERTAKER ADDRESS/
If more blanks are needed, address State Registrar	r, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

'Grocery; (a) Foreman, (b) Automobile factory. The 'material worked on may form part of the second it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). For persons gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not been changed or given up on account of the piscass Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupationespecially in industrial employments, it is nec-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) -Precise statement of occupa-"Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage. as "Pursperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," genital," "Senile," etc.), ample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _______ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for mailscause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) Always quality all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Examples;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1918
BUREAU, V.S.

RECORD

PERMANENT

4

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

B.z

1 PLACE OF DEATH

5282

STATE OF MARYLAND CERTIFICATE OF DEATH

	_	0
	0	~
Padistand	 -	//

Village or City // / Lehecks (No	
1 10 1000 101 1 1000 001 1	
	minet.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Maylo Uluto Widowso, Wildowso (Month) (Day) (Y	91.3 car)
6 DATE OF BIRTH CLA STEEL STEE	1913.
7 AGE If LESS than and that death occurred on the date stated above, at 9	Om,
8 7 yrs. 1/ mos. 2 9 ds. or min.? The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or Merchant Cheonic Pathueles Darticular kind of work.	*********
(b) General nature of Industry, business, or establishment in which employed (or employer) yrs. 6 mos.	ds.
Sainthplace (State or country Tallot County (Secondary) (Duration) yrs 3 mos	ds.
10 NAME OF FATHER Edward Harrison (Signed). (Signed)	, M. D.
11 BIRTHPLACE OF FATHER (State or country) OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF FATHER (State or country) OF MOTHER OF MOTHER (Address) (Address	LENT IDEN-
13 BIRTHPLACE OF MOTHER (State or country) Ouzabeth Gount County 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, INSTITUT	
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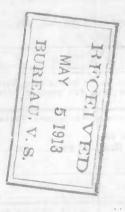
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[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Auggery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer." -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal scotichacetc., when a definite disease can be ascertained as the scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (secondary or intercurrent) (name origin: "Can-"Exhaustion," Examples: For vio-



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STATE OF MARYLAND PLACE OF DEATH 5283 CERTIFICATE OF DEATH Registration Dist. No. lif death occurred to St .:Ward) (No....) a hospital or Institution. give its NAME lostead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 6 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav) ORDIVORCED (Write the word) S DATE OF BIRTH (Day) (Year) (Month) TAGE If LESS than 1 day, hrs. The CAUSE OR mio. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which amployed (or employer) -----Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER State yrs, ____ mos..... _____ yrs. mos. ds. Where was disease contracted. If oot at piace of death?. Former or (Informant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

> 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
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.Grocery; (a) Foreman, (b) Automobile factory. ness. If retired from business, that fact may be indimaterial worked on may form part of the second It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; cases, especially in industrial employments, it is nection is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servani, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Nevcr return "Laborer," For persons "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1918
BUREAU, V.S.

7. S. No. 1.

RECORD A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH County Lalbot

5284

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.290

Vi	liage or City Castors (No	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH WWW 24 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DA	(Month) (Day) (Year)	that I last saw han alive on 1913.
7 AG	yrs. mos. ds. or mln.?	and that death occurred on the date stated above, at
(a) part (b) busin which	Trade, pretession, or licular kind of work	(Doration) yrs mos. 5 ds.
(Sta	10 NAME OF FATHER I SAAC Hivo	(Secondary) (Deration) yrs. mos. ds. (Signed) , M. D.
ENT	11 BIRTHPLACE OF FATHER (State or country) Eastwo Md. 12 MAIE MOTHER OF COLUMN (C)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
0	13 BIRTHPLACE OF MOTHER (State or country) Eastow Md.	At place of death yrs mos ds. State yrs mos ds.
(Informant) Sasa Himes		Where was disease contracted, If not at place of death? Former or usual residence
1 5	(Address) Gaston	19 PLACE OF BURIAL OR REMOVAL Easter Md. Date of BURIAL Give 26, 1913. 20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Registra:	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmine, etc. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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c	ounty Salbat 5285	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 293.
V	Illage or City Noar Cordon (No.)	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	** COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
8 0	ATE OF BIRTH January 7, 1880 (Month) (Day) (Year)	that I last saw h wally on april 21 1913.
TA	ge if LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) paid (b) bus whi	CCUPATION) Trade, profession, or ricular kind of work. General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country) Jennann	Contributory Of handler (Secondary)
ENTS	10 NAME OF FATHER Ju Daniel Griding 11 BIRTHPLACE OF FATHER (State or country) Grand	(Signed) , M. D. 4-22-, 191-2. (Address) , M. D.
PARE	12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Serun any	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
147	Informant) Herry Tunter man	Where was disease contracted, if not at place of death? Former or usual residence
15 Fil	ed 5 ~ 3 . 1913, D. L. Gardner Per more blanks are beford, address Signe Registrar, 6 E	Serman Lethern Genetary 4/23, 1919. 20 UNDERTAKER Jas. a. Spence or Easton made. Figures St., Balton Regyestingon & ONO., 1.
		spence & Mullekin

[Approved by L. S. Census and American Public Health Association.]

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1 PLACE OF DEATH 5286 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in (No..... St.;....Ward) a hospital or Institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. SEX 4 COLOR OR RACE Widower MARRIED. WIDOWED. (Month) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above. 1 day, hrs. OR 7 BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE Contributory (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE K OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ ds. State yrs. ____ mos. ... Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR

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STATE OF MARYLAND PLACE OF DEATH 5287 CERTIFICATE OF DEATH Registration Dist. No. 292 lif death occurred in St :----Ward) a hospital or Institution. give its NAME instead of street and number. I ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDDWED. (Month) (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from (Year) Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was ss follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment In (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed)..... 11 BIRTHPLAGE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VioLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ... State Where was disease contracted. If not at place of death? Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. I.

19 PLACE OF BURIAL OR

20 UNDERTAR

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "PUTEPERAL scpticharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acclwhich surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin: "Can "Exhaustion," Examples:



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Item

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RECORD

5288 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 [If death occurred in Ward) a hospital or Institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGEL MARRIED. MIDOWED, (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, a 1 day. hrs. The CAUSE OF DEATH* was as follows: OR 7 (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) which amployed (or ampioyer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 9 PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 OF MOTHER (State or country) In the DEATH of death yrs. mos. ds. State yrs. 14 THE ABOVE Where was disease contracted. See if not at place of death? Former or OF CAUSE OF Important. usual residence. 16 20 UNDERTAKE REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Malto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cssary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Who have no occupation whatever, write None. been changed or given up ou account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia desis of lungs, meninges, peritonacum, etc., Carcinlesis of lungs, meninges, peritonacum, etc.,

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopicumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. injury, as fracture of skull, and consequences dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of For vio-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

N. B.

PLACE OF DI	5289	10	STATE OF MA	
County Jalta	1	1	CERTIFICATE	OF DEATH
,	4	n'	Registe	red No. 298
Village or City 200	Sarah Ma	meli	Mielkie St; War	(d) [If death occorred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND S	STATISTICAL PARTICULARS		MEDICAL CERTIFICATE	OF DEATH
*SEX *COLOR COLOR	MARRIED, New Woodwen, New Woodwen, New York en Divorcen (Write the word)	ruid	16 DATE OF DEATH (Month) 17 1 HEREBY CERTIFY, That 2, Z., 1913, to Obre	. 0
ups	(Month) (Day)	18.8.5 (Year)	that I last saw h. A. alive on Quest	(
7 AGE		If LESS than	and that death occurred on the date state	d above, at 3 Pm.
28 yrs.		day,hrs.	The CAUSE OF BEATH * was as follows:	Lungs
(a) Trada, profession, or particular kind of work.	mennife	holiconoscos a a a a a a a a a		
(b) General nature of industry, business, or establishment in which employed (or amployer)	•	.000.00	(Doration)	yrs / moscs.
9 BIRTHPLACE (State or country)	bot las		(Secondary)	
10 NAME OF FATHER	un Mars	hole	(Signed) a. M. C. Ste	yrs mos ds.
OF FATHER (State of country)	Tallot Ca		State the DISEASE CAUSING DEATH, OF,	In deaths from Vivinne
12 MAIDEN NAME OF MOTHER RO	u Boll		TAL, SUICIDAL, OF HOMICIDAL.	d (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)	Tallot Co	:	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place in the of death	yrs, mos, ds.
(Interment) HISMA	n Mielsei	GE .	Where was disaase contracted, if not at place of death? Former or	**************************************
(Address) East	on RF.D		USUAL TESIDENCE	DATE OF BURIAL
Filed april 23, 1913	& B. Fairbans	k !	Il Saculo Cemelory	4/24 , 1913
		SISTRAR	Tenes a Maure	Easton Ind
If more bla	nks are needed, address Stat	te Regis trar,	6 E. Franklin St., Raito., Requesting V. S.	No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. ness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-Farmer or Planter, For persons "Foreman," the second (6)

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which surgical operation was undertaken. For vicchildbirth or miscarriage. as "Purpresal septichaccause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Seniie," etc.), "Dropsy," "Exhaustion, valvular heart disease; Chronic interstitial nephritis cer" is icss definite; avoid use of "Tumor" for mails: cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Craemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia." "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 de. affection need not be stated unless important. nant ncopiasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. "Collapse.", "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of may be stated under the head of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



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state PHYSICIANS should OCCUPATION IS RECORD 0 statement PERMANENT EXACTLY. stated classified. 4 should properly INK supplied. pe UNFADING may certificate. carefully = that 80 50 WITH pe back terms, pinous 0 PLAINLY plain Instructions Information 2 EATH WRITE P OF mportant Every It

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 293 [It death occurred la .Ward) a hospital or Institution, give its NAME instead et street and nomber. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 BINGLE. 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED. (Month) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day.....hrs. OR min. ? BOCCUPATION (a) Frade, prefession, or particular kind of work. (b) Geograf nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State yrs. ____ ds. Where was disease contracted. It not at piece of death? usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 ... 1913 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," ture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." Accidental drowning; Struck by railway train—acci-"Collapse." "Coma," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," (name origin; "Can-Examples: For VIO-



V. S. No. 1.

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Village or City Wattauger (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 294 St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WHOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH Abul 19,1/9/2	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (1913), to Child (1913), that I last saw here alive on March 30 1913
7 AGE (Month) (Day) (Year) 1 It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, protession, or particular kind of work	Droncho Prema prem
9 BIRTHPLACE (State or country) Without Talkit le 6	(Secondary) (Duration) (Duration) (Duration)
10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place la the ot death yrs, mos, ds, State yrs, mos, ds.
(Informant) Lower Hotelson House (Address) Mr Daniel Med	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	William md april 2 april 2 , 1913

Defutz Local If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

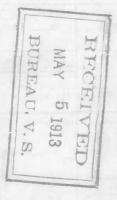
REGISTRAR

[Approved by U. 8. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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PLACE OF DEATH 5292	STATE OF MARYLAND	
101/-	CERTIFICATE OF DEATH	
County	Ihall 20x	
Village or City Traphe (No.	Registration Dist. No.	
Things of Grey	a hospital or Institution,	
Colina Shilis		
² FULL NAME Out of the state		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	
or WIDOWED, Surgle	(Month) (Day) (Year)	
Male Hill ORDIVORCED (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIRTH	May 3rd 1909 to June 8 d 1909.	
July 15: 1868		
(Month) (Day) (Year)	that I last saw how alive on 1912	
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, st 2 m,	
efet yrs Q mos. 27 ds. ORmin.?	The CAUSE OF DEATH* was as follows:	
8 OCCUPATION	f f	
(a) Trade, profession, or	Ohrone Oeptites	
particular kind of work		
business, or establishment in	(Duration) yrs mos ds.	
which employed (or employer)	Contributory	
9 BIRTHPLACE (State or country) Sussey Co. Dil.	(Secondary) (Secondary) (Deration) yrs mos ds.	
10 NAME OF Eliza Philips	(Signed) Joseph as Cosa, M. D.	
11 BIRTHPLACE	(Address) kappe mar	
Sof Father (State or country) Austrice to hid	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-	
C 12 MAIDEN NAME	TAL, SUICIDAL, OF HOMICIDAL.	
of MOTHER Counseline Vevell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the	
OF MOTHER (State or country) Ausmics. Co Sud -	of death yrs mos ds. State yrs mes ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(Interment) Seo H. Chilips	Former or	
Q 11 S. D - PPXI	usual residence	
(Address) June ma (11 x 1-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
16 01 4 1 1 1 200 30	Andy thick hid - april 27, 1913	
Filed April 15, 191 5 Joseff and Corn. M. J.	20 UNDERTAKER Spencer Baslow Sud	
If more hlanks are needed, address State Registration	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing meath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scpticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial neparitis nant ncopiasms); Measles; Whooping cough; Chronic "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-LENT DEATHS state MEANS OF INJUSY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ter" is icss definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of . ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples:



1 PLACE OF DEATH

county Talbot 5293	CERTIFICATE OF DEATH
	Registered No. 290
Village or City Costosio (No	St; Ward) [It death occurred is a hospital or institution give its MAME instead et atreet and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH COLOR 1
Fernale White (Single, Widowed, Write the word)	(Month) (Day) (Year) Wereby Certify, That I attended deceased from
COATE OF BIATH Feb. // 19/2 (Month) (Day) (Year)	that I last saw her allve on apr 17th 1913.
7 AGE 1 LESS than 1 day,hrs. orhrs.	and that death occurred on the date stated above, at 2 P. m. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work	Descent and so
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country) Talbot lop	(Secondary)
10 NAME OF Willard B Saulsbury	(Signed) (Signed) , M. D.
State or country) Tallest loo	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Lalbot LO 0	At place to the ot death yrs mos ds. State yrs, mos ds. Where was disease contracted,
(Informant) Willard & Saulsbury	It not at place of death? Former or usual residence
(Address) Coastan Md	Easton Med. Date of Burial 4/19, 1913
Filed april 2/ 1913 & St. Fairbank	200 NO DERTAKER ADDRESS
If mere blanks are needed, address State Registrate	r, 6 E. Franklin St., Baro., Requesting V. S. No. 1,

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers naterial worked on may form part of the second rightment. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinology

by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "PUERPERAL scptichaeetc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), ample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malk-"Contributory." sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medicai Association.) cause of death approved by Committee on Nomencia dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhanstion, (name origin; "Can-State cause for the head Examples:



MARGIN RESERVED FOR BINDING

7. S. No. 1.

N.B

PHYSICIANS should state of OCCUPATION Is very RECORD of information should be carefully supplied. AGE should be stated EXACTLY. DEATH in piain terms, so that it may be properly classified. Exact statement PERMANENT INK-THIS UNFADING See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, s Important.

5294

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

County COURT	7/
Village or City Vest (No	Registration Dist. No. 29 1/2 St.; Ward) St.; Ward) A hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on
AGE If LESS than 1 day,hrs. ormin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or parficular kind of work	Stile-bril (3 hroniles) (Buration) yrs. mos. ds. Contributory. (Secondary)
10 NAME OF FATHER Norman Pharfe. 11 BIRTHPLACE OF FATHER (State or country) Caroline Co Ind. 12 MAIDEN NAME OF MOTHER Clusta. Roberts. 13 BIRTHPLACE OF MOTHER State or country) Talki Co Ind.	(Signed)
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Roman Sharpe (Address) Salta Con mo Filed Apr Wil 1913 Joseph a Rose Me RECISTRAR	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL New Suspe Sud - Date of BURIAL 20 UNDERTAKER ADDRESS ADDRESS

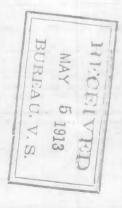
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations galnfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencia injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," ampie: Measics (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of . "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig ture of the American Medicai Association.) The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin : "Can State cause for Examples: For VIO-



NOI PHYSICIANS of OCCUPATI RECORD PERMANENT classifled. 9 THIS properly INK supplied. pe UNFADING may that 80 terms, pinous PLAINLY, plain Information = DEATH WRITE ō ltem OF CAUSE Every

certificate.

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Instructions

Important.

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Very

STATE OF MARYLAND 1 PLACE_OF DEATH CERTIFICATE OF DEATH Registered No. 24/ Ilf death occurred in St:Ward) a hospital or Institution, give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Orarrus 3 SEX WIDOWED, Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) 20 (Day) 3 (Year) It LESS than 7 AGE 1 dayhrs. OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory. BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place OF MOTHER ot death yrs. mos. ds. State Where was disease contracted. If not at place of death?.... Former or usual residence 15 REGISTRAR

(Year)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Gistery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pdeumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeidus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Ohronio "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1913, BUREAU, V.S.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH	5296	(40)	STATE OF MAR CERTIFICATE OF	
/	1		Registration Dis	No 301

C	ounty Fallost 3296	CERTIFICATE OF DEATH
	Village or City Ceyfred (No. 1). 2 FULL NAME Drewry Shor	Registration Dist. No. 24* St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Married, Warried Widoweo, Warried (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 A I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw h smallve on afril 2/ 1913
8 0	yrs. / D mos. 7 ds. OR min.?	and that death occurred on the date stated above, at // m, The CAUSE OF DEATH* was as follows:
(b) Wh	articular kind of work General nature of industry, siness, or establishment to cupter tought of the country BRATHPLACE State or country)	Contributory (Secondary)
1º NAME OF FATHER 1º BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME		(Signed)
σ.	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted, If not at place of death?
	(Address) Oshord W.L.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 fl	100 Shil 24, 191 3 Dep Freak RECISTRAR	20 UNDERTAKER ADDRESS MENUMAN TRA COSTA MA
	. If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specithe nature of the business or industry; and therefore an tion is very important, so that the relative meaithfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scottichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train—acci--Hart failure," "Haemorrhage," "Inanition," "Maras nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1913
BUREAU, V.S.

RECORD BINDING AGE proper pe may that 80 terms, plain 2 EATH Q OF mportant. CAUSE

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back

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Instructions

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Ilf death occurred in St:.....Ward) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH BSEY 4 COLOR OR RACE MARRIED, widowed, 2 (Month) (Dav) 17 6 DATE OF BIRTH Month) (Day) (Year) 7 AGE If LESS than 1 day. hrs. OR 7 BOCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of industry. business, or establishmenf in which employed (or employer) (2000) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. State _____ yrs. ___ mos. Where was disease confracted. if not at place of death?. Former or usual residence DATE OF BURIAL (Address) 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Botto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many ness of various pursuits can be known. The question tion is very important, so that the relative heaithfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation bas As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. cblidblrth or miscarriage, as "Purpresal scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Fxhaustion, "Collapse." "Coma," "Convuisions," "Debility" ("Contbenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chrosio oma. Sarcoma. etc., of ______ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inaultion," "Maras mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death). 29 da.; valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of State cause for Examples: For vio-



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STATE OF MARYLAND 1 PLACE OF DEATH 5298 CERTIFICATE OF DEATH Registration Dist. No ... Ilf death accurred in (No..... St:....Ward) a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR MACE MARRIED, WIDOWED, (Month) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Year) (Day) TAGE If LESS than and that death occurred on the date atated above, 1 dayhrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer). Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER of death yrs. (State or country) State Where was disease contracted. KNOWLEDGE If not at place of death? Former or Informant: usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are seeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. minc, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons (d)

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cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," ample: Measles (disease causing death), 29 ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY, and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowin ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... E art failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Never report Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF

NB

1 PLACE OF DEATH Tallat

5299

STATE OF MARYLAND CERTIFICATE OF DEATH

County County	Registration Dist. No. 290
Village or City Easton (No.	St.; Ward) [If death occurred a hospital or institution
* PULL NAME Eliza Williams	forms of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale While Single, Married, Wioower, Word (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 (I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that last saw h = allyeon Whil 24, 1913
TAGE If LESS than 1 day, hrs. mos. 6 ds. OR milo. ?	and that death occurred on the date stated above, at 7 mm. The GAUSE OF DEATH to was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Caroline Co,	Contributory (Secondary)
10 NAME OF Mathew Lodd 11 BIRTHPLACE (OFFATHER (State or country)) 2 Maiden NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Caroline Co,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death yrs mos ds. State yrs mos ds.
(Informant) R. S. JOWNS	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Castro mol.	19 PLACE OF BURIAL OR REMOVAL Coston Md 20 UNDERTAKER ADDRESS
File Christo, 1913 / 13 Janlanti	Frankton Oman Garey & To Sand

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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